

TRICARE Reserve Select

*A premium-based
health plan*



Please provide feedback on this brochure at:
<http://www.tricare.osd.mil/evaluations/pamphlets>



An Important Note About TRICARE Program Changes

At the time of printing, the information in this brochure is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continuous, and new benefits are added regularly as we continue to make TRICARE a better program for you. For the most recent information, visit www.tricare.osd.mil.

TRICARE Reserve Select

The TRICARE Reserve Select health plan may be available to you and your family members after your release from active duty. Your active duty service must have been in support of a contingency operation on or after September 11, 2001 (9/11). Such contingency operations include, for example, Operations Enduring Freedom, Noble Eagle, and Iraqi Freedom. Working with your Reserve Component*, you will need to agree to stay in the Selected Reserve for one or more whole years.

****The Reserve Component includes the Army National Guard, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve, and the U.S. Coast Guard Reserve. For additional information about the Reserve Component and the Selected Reserve, visit www.defenselink.mil/ra.***

Coverage Provided

TRICARE Reserve Select offers comprehensive health coverage similar to TRICARE Standard and TRICARE Extra. You will access care from any TRICARE-authorized provider, hospital, or pharmacy—TRICARE network or non-network. You may access care from a military treatment facility (MTF) on a space-available basis **only**. Pharmacy coverage is available from any MTF pharmacy, through the TRICARE Mail Order Pharmacy (TMOP), and from TRICARE network and non-network retail pharmacies.

TRICARE Reserve Select coverage includes, but is not limited to:

- Urgent and emergency care, including ambulance services
- Family health care
- Obstetrics, gynecology, and maternity services
- Clinical preventive services, including health screening and immunizations
- Behavioral health care, including partial hospitalization and residential treatment
- Annual eye examinations
- Durable medical equipment (DME) and supplies
- Ancillary services, such as laboratory and radiology
- Prescription drug coverage

Visit www.tricare.osd.mil/reserve/reserveselect for more detailed information about TRICARE Reserve Select coverage.

Eligibility

Eligibility to purchase TRICARE Reserve Select is established with the personnel offices of your Service/Reserve Component.

You may be eligible to purchase TRICARE Reserve Select for you and your family if you meet the following conditions:

1. You are called or ordered under Title 10 in support of a contingency operation for more than 30 consecutive days on or after 9/11.
2. You have served continuously on active duty for 90 days or more under such call or order*—the length of time served determines the maximum period of coverage offered to you under TRICARE Reserve Select.

**If you are otherwise eligible, but did not serve continuously on active duty for 90 days under that call-up due to an injury, illness, or disease incurred or aggravated while you were activated, you may be eligible for one year of coverage.*

3. You must enter an agreement to serve in the Selected Reserve **before leaving active duty**. See pages 4–5 for information about your Service Agreement.



You Must Decide!

Your Service will provide you an opportunity to enter into an agreement to continue service in the Selected Reserve, which is required **before** you can become eligible to purchase TRICARE Reserve Select. If you **do not** enter a Service Agreement before your active duty ends, you will **forfeit** your opportunity to purchase TRICARE Reserve Select based on this period of active service. TRICARE Reserve Select coverage **may not be initiated or extended later, nor may any period of eligibility be saved until a later time.**

Purchasing TRICARE Reserve Select coverage is a three-step process.

1 Enter into the Service Agreement

You must enter into your Service Agreement **before** you leave active duty through the Guard Reserve portal at <https://www.dmdc.osd.mil/Guard-ReservePortal> from any Web browser (e.g., home, work, public library, etc.).

2 Execute the Service Agreement

After entering into your Service Agreement, you must work with your Reserve Component to execute the Service Agreement. Be sure to contact your Reserve Component with sufficient lead-time to execute the Service Agreement.

Note: This Service Agreement does not guarantee a Selected Reserve billet. You **must** be in the Selected Reserve by the time TRICARE Reserve Select coverage begins.



3 Purchase TRICARE Reserve Select

Upon completion of your Service Agreement as described in Steps 1 and 2, your Service/Reserve Component will record your eligibility in the Defense Enrollment Eligibility Reporting System (DEERS). You then will be able to purchase TRICARE Reserve Select.

Follow the instructions on your TRICARE Reserve Select enrollment form, complete the form, and submit it **with a one-month premium payment** to your TRICARE regional contractor so they receive it **no later than 30 days** before the end of Transitional Assistance Management Program (TAMP) coverage. Your pre-printed enrollment form is available for download from <https://www.dmdc.osd.mil/Guard-ReservePortal> when you enter into your Service Agreement. Be sure to include your first month's premium with the form and mail it to your TRICARE regional contractor at the address on pages 6–7. Remember to make **checks payable** to your TRICARE regional contractor.

TRICARE Reserve Select coverage begins on the first day after your transitional TRICARE coverage ends under the Transitional Assistance Management Program (TAMP). See pages 10–11 for more information about transitioning from TAMP to TRICARE Reserve Select.

TRICARE Regional Contractors

TRICARE West Region Contractor

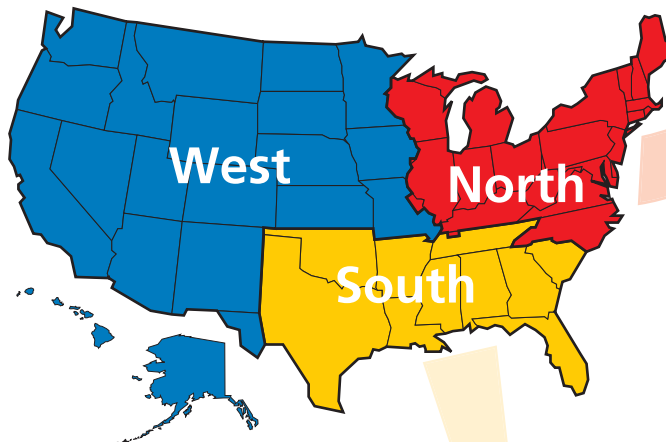
TriWest Healthcare Alliance
P.O. Box 42048
Phoenix, AZ 85080-2048

1-888-TRIWEST (1-888-874-9378)
www.triwest.com

TRICARE North Region Contractor

Health Net Federal Services, Inc.
TRICARE Reserve Select Enrollment
P.O. Box 870162
Surfside Beach, SC 29587-9762

1-800-555-2605
www.healthnetfederalservices.com



Overseas

TRICARE Reserve Select is available outside the 50 United States—the TRICARE South Region Contractor will handle enrollment, billing, and customer support services for these areas. Overseas TRICARE Service Centers (TSCs) can provide information about accessing health care in overseas locations.

TRICARE South Region Contractor

Humana Military Healthcare Services, Inc.
P.O. Box 105389
Atlanta, GA 30348-5389

1-800-444-5445
www.humana-military.com

Type of Coverage

When you complete your TRICARE Reserve Select (TRS) enrollment form, you must select a type of coverage:

- TRS member-only coverage or
- TRS member and family coverage

After your coverage begins, you can change the type of coverage (i.e., TRS member-only coverage to TRS member and family coverage or vice versa) only if you have a qualifying life event; there is no open season for type of coverage changes at any other time. Qualifying life events include a change in family composition (e.g., the birth of a child, marriage or divorce of the member, loss of eligibility, etc.), or an event that affects family health coverage (e.g., an employment change).

Period of Coverage

Days Served on Active Duty	Maximum Period of Coverage
1–89 days	None*
90–179 days	1 year
180–269 days	2 years
270–359 days	3 years
360 days	4 years

**If you are otherwise eligible, but did not serve continuously on active duty for 90 days solely because of an injury, illness, or disease incurred or aggravated while activated, you may be eligible for one whole year of TRICARE Reserve Select coverage.*

The above table shows possible periods of coverage. You may be eligible for one whole year of TRICARE Reserve Select coverage for each whole year of service commitment in your signed Service Agreement, up to a maximum of one whole year of coverage for each 90 days of continuous active duty served in support of a contingency operation.

For example, if you served for one year in support of a contingency operation, you may qualify for four years of coverage if your Service Agreement is for four whole years. However, if your Service Agreement is for only two whole years, you qualify for only two years of TRICARE Reserve Select coverage. This two-year coverage period **cannot** be extended later, even if you later extend your Selected Reserve service for two more years.

When you are disenrolled from TRICARE Reserve Select, you may not re-enroll **unless** you are called or ordered to active duty and re-qualify for a new period of TRICARE Reserve Select coverage. You must be in the Selected Reserve by the time TRICARE Reserve Select coverage begins.



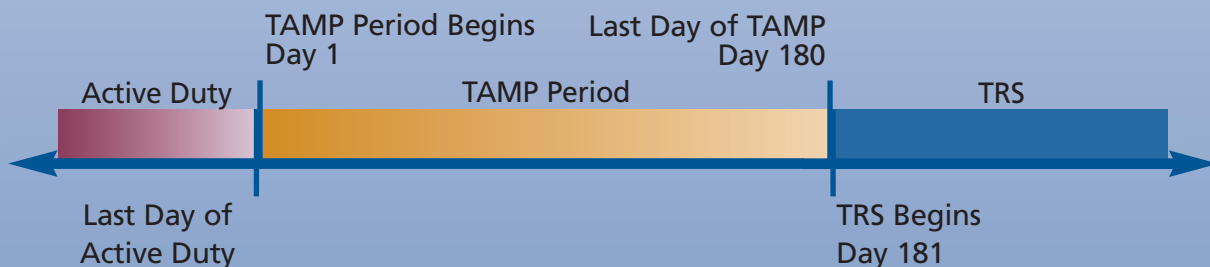
When Coverage Begins

After purchasing TRICARE Reserve Select, you will receive a welcome letter with TRICARE Reserve Select wallet cards for each member of your family who will be covered under TRICARE Reserve Select. This card contains key phone numbers and other information to assist you with your health care coverage. Health care providers may want to see this card before you receive care.

Your coverage begins the **first day after your transitional TRICARE coverage** ends under the Transitional Assistance Management Program (TAMP). TAMP covers you and eligible family for 180 days immediately following release from qualifying active duty. Therefore, TRICARE Reserve Select begins on the 181st day.



Coverage Timeline



Transitioning from TAMP

If you were enrolled in TRICARE Prime during your TAMP period, your TRICARE Prime benefit ends on the last day of your TAMP period (180th day).

If your primary care manager (PCM) was a TRICARE network provider, you may be able to continue seeing that provider. However, cost-shares will apply for outpatient visits.

If you were enrolled in TRICARE Prime at an MTF, you may need to find a new provider because TRICARE Prime is not available under TRICARE Reserve Select.

To locate a TRICARE network or non-network provider, visit the TRICARE Provider Directory at www.tricare.osd.mil/providerdirectory or call your TRICARE regional contractor for more assistance.

If you were using TRICARE Standard or TRICARE Extra during your TAMP period, you may continue seeing the same provider.

A significant difference is that you must pay monthly premiums for TRICARE Reserve Select, but not for TAMP.

If Eligible for Other TRICARE Health Coverage

If you become eligible for TRICARE health benefits under another provision of law, your TRICARE Reserve Select coverage and premium payments will be suspended. However, the end date for your TRICARE Reserve Select Coverage is unchanged.

For example, you are initially activated in a contingency operation for a year and commit to four years of service in the Selected Reserve to qualify for four years of TRICARE Reserve Select.

Two years after you start TRS coverage, you are again called to active duty in support of a contingency operation for 180 days. You become eligible for 270 days of TRICARE coverage (up to 90 days of early eligibility and 180 days while on active duty). The time period for which you are eligible under your original TRICARE Reserve Select benefit continues to run, but you and your family are now covered by active duty and active duty family member military health benefits. You and your family will also receive active duty family member health benefits for 180 days under TAMP upon your release from active duty.

Following the termination of TAMP, your TRICARE Reserve Select coverage resumes until the original termination date, leaving you with nine months of coverage remaining. While covered under active duty health care benefits and TAMP, you will not be responsible for TRICARE Reserve Select premium payments.

Alternatively, you may establish a new two-year period of coverage by executing a new service agreement with your Reserve Component.

Premiums

Premium Billing and Payment

Monthly premiums are required for TRICARE Reserve Select coverage and are adjusted Jan. 1st of each year. Since premium rates change annually, please visit the TRICARE Web site to review the most up-to-date premiums at www.tricare.osd.mil/reserve/reserveselect.

Premium Payments *(fill in)*

TRS member-only coverage
 TRS member and family coverage

You must submit an initial payment equal to one-month's premium with your completed TRICARE Reserve Select enrollment form for the type of coverage selected. You may pay your initial payment by one of the following methods of payment.

- Check, money order, or cashier's check payable to your TRICARE regional contractor
- Visa®/MasterCard® (specify card number, expiration date, and cardholder's signature)

After your initial payment, your TRICARE regional contractor will send you a bill by the 10th day of each month and your payment is **due no later than the 30th day of each month**. Premium payments are due in advance and will apply to coverage for the following month.

Note: Failure to pay monthly premiums on time will result in **disenrollment**, which is **permanent** unless you are reactivated for a contingency operation and you qualify again for TRICARE Reserve Select.

Your bill will specify how you can change your method of payment to include automatic Visa/MasterCard payment and electronic fund transfer (EFT) from a beneficiary-designated financial institution.

Costs and Fees

Annual Deductibles

You are required to meet an annual deductible for outpatient services.

Reserve Component member whose rank is E-4 and below:

- \$50/individual or \$100/family per fiscal year*

Reserve Component member whose rank is E-5 and above:

- \$150/individual or \$300/family per fiscal year*

**The federal fiscal year is October 1–September 30.*

Cost-Shares

A cost-share is the percentage of the TRICARE allowable amount for which you are responsible. After the annual deductible has been met, you pay 15 percent for care received from a TRICARE network provider or 20 percent for care received from any non-network TRICARE-authorized provider. Additional information about costs for covered services is available online at www.tricare.osd.mil/tricarecost.

Catastrophic Cap

Your catastrophic cap limits your annual out-of-pocket expense on cost-shares and annual deductibles. It is your maximum out-of-pocket expense each federal fiscal year (October 1 through September 30). The catastrophic cap for TRICARE Reserve Select is \$1,000 for you and your family. Monthly premium payments **do not** apply to the catastrophic cap.

Programs Not Available with TRICARE Reserve Select

The following programs are **not** available under TRICARE Reserve Select.

- TRICARE Reserve Family Member Demonstration Program (and its successor program that includes waiver of deductibles and higher TRICARE payments to providers)
- The Program for Persons with Disabilities (PFPWD)/Extended Care Health Option (ECHO)
- Uniformed Services Family Health Plan (USFHP)
- TRICARE Prime programs, including TRICARE Prime, TRICARE Prime Remote (TPR), TRICARE Prime Remote for Active Duty Family Members (TPRADFM), TRICARE Overseas Program (TOP) Prime, TRICARE Global Remote Overseas (TGRO), and TRICARE Prime in Puerto Rico

Choosing a Health Plan

The Department of Defense recognizes that choosing a health plan is a very personal decision. It is recommended that you carefully consider your personal situation.

You may have some protections under the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994. Visit www.esgr.org for more information. These protections are of limited duration and may no longer be applicable to your situation by the end of your TAMP coverage or TRS coverage if selected. You may be eligible for coverage under the Continued Health Care Benefit Program (CHCBP) up to 18 months after TAMP ends (see www.tricare.osd.mil/chcbp). It is advisable for you to explore your health plan options with your employer before making a decision.



For Information and Assistance

Eligibility

For assistance with determining your eligibility for TRICARE Reserve Select and completing your Service Agreement, contact your Service/Reserve Component personnel activities.

Reserve Affairs

www.defenselink.mil/ra

Guard Reserve Portal

<https://www.dmdc.osd.mil/Guard-ReservePortal>

Enrollment and Customer Service

For assistance with TRICARE Reserve Select enrollment, in obtaining health care services, or for assistance with your covered benefits, contact your TRICARE regional contractor.

TRICARE North Region Contractor

Health Net Federal Services, Inc.

1-800-555-2605

www.healthnetfederalservices.com

TRICARE South Region Contractor

Humana Military Healthcare Services, Inc.

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